

L09000059298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

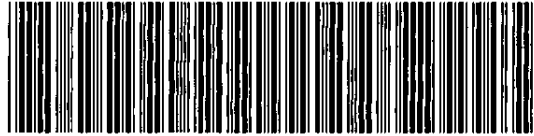
(Document Number)

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Certificates of Status \_\_\_\_\_

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FILED  
09 JUN 17 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 18 2009

EXAMINER

**TRANSMITTAL LETTER**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
850-487-6051

**SUBJECT: PIONEER HOME REPAIR, LLC**

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

**FROM: CALEB TURNBAUGH  
477 GEORGIA BOULEVARD  
SEBASTIAN, FLORIDA 32958**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I-Name:

The name of the Limited Liability Company shall be:  
PIONEER HOME REPAIR, LLC

### ARTICLE II-Address:

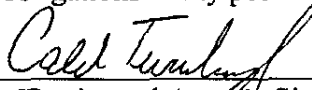
The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: P.O. BOX 780780, SEBASTIAN, FLORIDA 32978. Business Address- 3807 65<sup>TH</sup> STREET, VERO BEACH, FLORIDA 32967.

### ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CALEB TURNBAUGH  
477 GEORGIA BOULEVARD  
SEBASTIAN, FLORIDA 32958

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

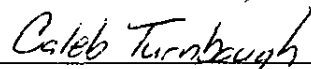
  
[Registered Agent's Signature]

### ARTICLE IV- Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager- managed company.

  
Signature of a member or an authorized representative of a member.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Typed or printed name of signee

### FILING FEES:

- ~~\$100.00~~ Filing Fee for Articles of Organization
- ~~\$25.00~~ Designation of Registered Agent
- \$30.00 Certified Copy (Optional)
- ~~\$5.00~~ Certificate of Status (Optional)